

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Susannah
Susie Byrd

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS
☐ Change of Address

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

2701 Louisville, El Paso, TX 79930

Date Hand-delivered or Date Postmarked

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(915) 204-9813

Receipt #

Amount

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Barbara
Esparza

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY:

STATE:

ZIP CODE

3610 Fort Blvd., El Paso, TX 79930

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(915) 564-4464

9 REPORT TYPE



January 15



30th day before election



Runoff



15th day after campaign treasurer appointment (officeholder only)



July 15



8th day before election



Exceeded \$500 limit



Final report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year

THROUGH

Month Day Year

7/16/2005 THROUGH 1/17/06

11 ELECTION

ELECTION DATE

Month Day Year

/ /

ELECTION TYPE

☐ Primary

☐ Runoff

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

City Council, District 2

13 OFFICE SOUGHT (if known)

14 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..

Name

Address / PO Box: Apt. / Suite #: City: State: Zip Code

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

16 ACCOUNT # (Ethics Commission filers)

17 NOTICE
FROM
POLITICAL
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pagesCITY CLERK DEPT.
06 JAN 12 PM 3:1818 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 147.63

4. TOTAL POLITICAL EXPENDITURES

\$ 1,363.81

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

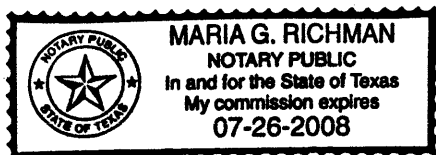
\$ 90.97

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Susannah Byrd, this the 12th day of January, 20 06, to certify which, witness my hand and seal of office.

Maria G. Richman
Signature of officer administering oath

Maria G. Richman
Printed name of officer administering oath

NOTARY
Title of officer administering oath

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **3**

2 FILER NAME

Susannah (Susie) Byrd

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

*see attached*7 Amount
(\$)

6 Payee address; City; State; Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

POLITICAL EXPENDITURES

Susannah (Susie) Byrd

Date: 6/20/2005

Payee Name: SBC

Payee Address: P.O. Box 630047, Dallas, Texas 75263-0047

Amount: \$103.37

Purpose of Payment: Phone

Date: 7/25/2005

Payee Name: El Paso Chapter NAACP

Payee Address: 10732 Texarkana Pl, El Paso, Texas 79924

Amount: \$100.00

Purpose of Payment: Event

Date: 8/16/2005

Payee Name: Amazon.com

Payee Address: 1200 12 Avenue South, Suite 1200, Seattle, WA 98144

Amount: \$122.07

Purpose of Payment: Policy books

Date: 8/25/2005

Payee Name: FastSigns

Payee Address: 4224 North Mesa, El Paso, Texas 79902

Amount: \$75.66

Purpose of Payment: magnetic signs

Date: 8/30/2005

Payee Name: Mujer Obrera

Payee Address: 2000 Texas Ave, El Paso, Texas 79901

Amount: \$50.00

Purpose of Payment: Event

Date: 9/3/2005

Payee Name: El Paso Central Labor Union

Payee Address: 6967 Commerce Avenue, El Paso, Texas 79915

Amount: \$60.00

Purpose of Payment: Labor Day breakfast tickets

Date: 9/22/2005

Payee Name: Costco

Payee Address: 6101 Gateway West, El Paso, Texas 79925

Amount: \$70.31

Purpose of Payment: Office refreshments and in kind contribution to Veronica Escobar campaign

05 JAN 12 PM 3:18
CITY CLERK DEPT.